

Continental Squash Camp

198 College Hill Road
Clinton, New York 13323-9989

Hamilton



HAMILTON

Continental Squash Camp

Featuring Mike Way!
Bring your game to a new level!

Session Dates:

Sunday - Friday Sessions

July 13-18, 2008 or July 20-25, 2008

Adult/Coach Weekend July 18-20, 2008

For further information, please contact:

Jamie King, Camp Director

Continental Squash Camp featuring Mike Way

Hamilton College

198 College Hill Road, Clinton, New York 13323

Telephone: (315) 859-4758

Email: jking@hamilton.edu

www.hamilton.edu/athletics/summercamps.html



CONTINENTAL SQUASH CAMP MISSION

The Continental Squash Camp featuring Mike Way is an overnight boarding camp for intermediate and advanced junior squash players age 11-18 looking to take their games to the next level.

The camp strives to improve squash players technically, strategically, and physically to handle the demands of high level tournament, collegiate, and high school squash competition. Individual fitness training plans will be developed for each player by Beth Zitlin, a certified physical trainer who has worked with top Canadian juniors. Beth will be working with groups throughout the week with extensive speed and agility testing and training. The individual technical and physical training program set up at the Continental Squash Camp will empower each player to achieve his or her skill improvement and playing goals.

The squash camp will focus on improvement and emphasize performance goals with practice time divided between on-court and fitness training. With the camp size limited to 24 players, each player will leave the camp feeling that he/she had the individual attention necessary for real improvement.

Camp Features

- Maximum 4 to 1 student to teacher ratio
- Physical testing and individual strength and conditioning program development
- Video and computer stroke and match play analysis
- Individual technical development
- Drills
- Conditioned games
- Match play

Camp Schedule:

- | | |
|-------------|---|
| 7:30-8:30 | Breakfast |
| 8:45-12:00 | Morning Court Session or training session |
| 12:00-12:45 | Lunch |
| 12:45-4:00 | Afternoon court session or training session |
| 4:00-5:00 | Time for extra court work with one of the coaches |
| 5:00-6:30 | Dinner |
| 7:00-8:00 | Evening session (exhibition, video work, squash talk) |
| 8:00-10:00 | Evening Activity |

Facilities

- 10 new ASB international courts
- Ball Machine
- Digital Video Analysis
- New fitness area featuring state-of-the-art weight room, cardio equipment, and a 40 ft. climbing wall
- Indoor pool available to campers
- Hiking trails



THE STAFF

Mike Way. Mike is the internationally recognized coach of Jonathon Power (world #1), Graham Ryding (World #13) and Shahier Razik (World #30), and Head Coach of the National Squash Training Centre in Toronto, Canada. Mike competed in the UK from 1974 to 1981 and then moved to Toronto. He played professional squash on the North American tour until 1991 and played for Canada in 1988. He has run international squash camps in the US and Canada for more than 20 years.



Jamie King, Camp Director. Jamie is in his eighth season as men's squash coach and director of racquet sports at Hamilton College. Jamie was racquets director and squash pro at Poughkeepsie (NY) Tennis Club as well as squash pro at the Chatham Club (NJ). Jamie graduated from Williams College where he was the squash team captain for two seasons. In his senior year, Williams was ranked third in the country. He is a certified squash coach in the U.S. and Canada. He has worked and assisted directing many camps on the east coast.



Sally Cockburn. Sally is in her fourth year as Head Women's Squash Coach at Hamilton, and this season was named the Liberty League Women's Squash Coach of the Year. In addition, she served as Assistant Coach to both the men's and women's Hamilton teams from 1999 - 2004. She is certified as a Level 1 Coach by Squash Canada.

John White. Former World #1, John is the Head Men's and Women's Squash Coach at Franklin and Marshall.

Shahier Razik. Canadian #1 and World #21.

Beth Zitlin. Beth is a certified physical trainer who has worked with top Canadian Juniors for many years. She provides creative and innovative ways to make off-court high energy physical training demanding yet enjoyable.

Staff is rounded out by other featured pros and accomplished coaches and players.

Adult/Coach Weekend - July 18-20

The Adult/Coach Weekend is a special opportunity to work on individual skills and to actively discuss the construction and progression of skill development. It is suited not only for players looking to improve, but also for coaches and instructors looking for an opportunity to develop teaching skills and techniques for the modern squash game through on-court activities and interactive discussion. Ball machine and video analysis will be employed in a very individual focused instructional environment.



*See yellow forms for Adult/Coach Weekend application and waiver/release of liability form.

COST OF PROGRAM

Cost of Camp for session for Boys and Girls, ages 11-18, July 13-18 or July 20-25, 2008 **\$1175** (includes room and board); Adult/Coach Weekend, July 18-20, **\$475** (includes room and board).

A deposit of \$250 is required to reserve a spot. Please make checks payable to: *Trustees of Hamilton College.*

For Further Information contact:

Jamie King, Hamilton Men's Squash Coach
315-859-4758 or email jking@hamilton.edu

Sally Cockburn, Hamilton Women's Squash Coach
315-859-4805 or email scockbur@hamilton.edu
www.hamilton.edu/athletics/summercamps.html



HAMILTON

Continental Squash Camp featuring Mike Way

Camp for Boys and Girls ages 11-18

*See yellow forms for Adult/Coach Weekend.

Name of Applicant: _____
 Address _____
 City _____ State _____ Zip _____
 Date of Birth _____ Male _____ Female _____
 Phone # (____) _____ Cell # (____) _____
 E-mail: _____
 Name of Coach: _____
 School/High School/Club: _____
 Number of years playing Squash: _____ National/regional/provincial ranking: _____
 Do you play for your high school team? Yes _____ No _____
 Which team? Varsity _____ JV _____ What position? _____
 Parent's/Guardian's Signature: _____
 Parent's E-mail: (Optional) _____

I give permission for my child to be photographed or videotaped. Please initial here: _____

Choose session: July 13-18, 2008 July 20-25, 2008

Cost for Camp: \$1175; (Includes room and board.)

A deposit of \$250 is required to reserve a spot. Full payment is required by May 17, 2008.

ENCLOSED IS: _____ My child's completed Health Record (inside this brochure)

_____ \$250 deposit*

_____ *Please make checks payable to: Trustees of Hamilton College

_____ Copy of Insurance Card

_____ Parental Permission/Hold Harmless Agreement

For an additional \$20 processing fee, we can charge camp fees to your credit card.

(Circle One) MC VISA Amex. Card

Account Number: _____ Expiration Date: _____

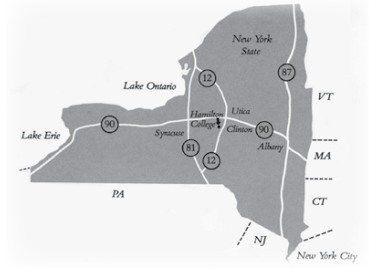
In Case of Emergency, Notify: _____ Phone: _____

Complete and return this application form along with deposit, health record, copy of insurance card and parental permission/hold harmless agreement to:

Continental Squash Camp featuring Mike Way
 Attention: Jamie King, Camp Director
 198 College Hill Road, Clinton, New York 13323

THE LOCATION

Hamilton College is located in the village of Clinton, approximately 10 miles south of Utica and 45 miles east of Syracuse. The attractive campus, located on College Hill overlooking the Oriskany and Mohawk Valleys, features excellent learning and recreational opportunities and modern dormitory accommodations. The College is easily accessible by air, rail, bus, and automobile. Those arriving by car from the New York City area, New England or points West of Utica can best be reach the college via New York State Thruway (Interstate 90, Exit 32 Westmoreland). Air service is available to most major cities via Syracuse which is 50 minutes from campus, or Albany, which is 1 1/2 hours from campus. For those who wish to come by rail, Amtrak has daily scheduled service to Utica, where taxi service is available to Clinton. Boston, New York and Philadelphia are all with-in a five-hour drive.



Residence Halls and Dining Facilities

The College provides many different housing options. Rooms range from singles to quads and offer accompanying lounges, recreation areas and kitchenettes. Food service is cafeteria style. Campers choose from a variety of hot entrees, vegetables, a salad bar, desserts and beverages. Unlimited seconds are offered on all items. The food is great and there is plenty of it!



THE CAMPUS

Chartered in 1812, Hamilton enjoys a national reputation as a highly selective, independent coeducational liberal arts college. Hamilton facilities make possible any type of organized athletics. The facilities include a 50,000 square-foot field house, an artificial turf playing field, acres of natural turf fields, 9 outdoor tennis courts, a hockey rink, racquetball, a gymnasium, an all-weather outdoor track, a nine-hole golf course, weight rooms, new training room, and a 40-foot climbing wall.

Hamilton College Summer Camp Health Record

The New York State Department of Health requires this health record to be returned completed before your child can attend summer camp.

Disclosure Statement:

1. All Hamilton College summer sports camps are required to be licensed and inspected by the New York State Department of Health.
2. The New York State Department of Health inspection reports are filed at the Oneida County Department of Health.

Camp Attending: _____

Session: _____

Name: _____
Last First Middle Initial

DOB: _____ Age: _____ Sex: _____

Parent/Guardian: _____

Address: _____

Phone (Home): _____

Phone (Work): _____

Phone (Cell): _____

Emergency Contact: _____

Address: _____

Phone (Home): _____

Phone (Work): _____

Phone (Cell): _____

Health History

- | | | |
|---------------------|-----------|----------|
| Asthma: | yes _____ | no _____ |
| Diabetes: | yes _____ | no _____ |
| Heart Problem: | yes _____ | no _____ |
| Mono: | yes _____ | no _____ |
| Cancer: | yes _____ | no _____ |
| Ear Infection: | yes _____ | no _____ |
| Loss of Limb: | yes _____ | no _____ |
| Orthopedic Problem: | yes _____ | no _____ |
| Depression: | yes _____ | no _____ |
| Head Injury: | yes _____ | no _____ |
| Migraine: | yes _____ | no _____ |
| Tuberculosis: | yes _____ | no _____ |

Please explain all "yes" answers: _____

Other serious illness or injury: _____

List **all** current medications (Prescription, "over the counter" and Herbal): _____

Health Insurance Provider: _____

Policy/ID Number: _____

Insurance Provider Contact: Phone: _____

Mailing Address: _____

Please include a photocopy of your Health Insurance card for our records.

Allergies

Aspirin yes _____ no _____

Penicillin yes _____ no _____

Sulfa yes _____ no _____

Bee Sting: yes _____ no _____

If yes, does he/she carry and Epi Pen? yes _____ no _____

Food, please list: _____

Other: _____

Please indicate Yes or No for over the counter medications that may be administered to your child if indicated due to injury and/or illness, according to the manufacturer's recommendations, by the Hamilton College Summer Camp Health Center Staff.

<i>Medication:</i>	<i>Yes</i>	<i>No</i>	<i>Medication:</i>	<i>Yes</i>	<i>No</i>
Ibuprofen	_____	_____	Robitussin DM	_____	_____
Tylenol	_____	_____	Benadryl	_____	_____
Sudafed	_____	_____	Pepto Bismol	_____	_____
Mylanta	_____	_____	Antibiotic Ointment	_____	_____
	_____	_____	Hydrocortisone Cream 1%	_____	_____

Immunization History (Please List Dates)

Copy of Immunization Record Preferable.

DPT _____ Booster _____

Polio OPV (Sabin) _____ Booster _____

Measles/Mumps/Rubella (MMR) #1 _____ #2 _____

Meningitis _____ See form, Td _____

Tuberculin Test _____ Results _____

Hepatitis B #1 _____ #2 _____ #3 _____

Varicella _____

Restrictions/limitations for camper while at camp? yes _____ no _____

If yes, please explain: _____

Parent's Authorization

My child has had a recent physical on _____ and may participate in all activities in the Hamilton College _____ Camp. I give my child permission to be treated by emergency response personnel.

Parent/Guardian Signature

Date

Reviewed by Christine Merritt, NP/RPA-C

Signature

Date



Hamilton

Hamilton College Summer Programs PARENTAL PERMISSION/HOLD HARMLESS AGREEMENT

Camper Name (Last): _____ (First): _____
(Please Print Neatly.)

Date Of Birth ____/____/____ Camp Enrolled In: _____ Session: _____

1. I give my child, identified on the top of this form, permission to participate in the Hamilton College Summer Program (camp or clinic) listed above.
2. I give permission for my child to go swimming in the Hamilton College swimming pool. _____ (Initial if permitting.)
3. I give permission for my child to participate in Climbing Wall instruction at the Hamilton College climbing wall. _____ (Initial if permitting.)

If your child is to wear a helmet while participating in Climbing Wall instruction, you must provide a helmet. Helmet must be clearly marked with child's name and brought to the Summer Program registration.

4. I am aware of the inherent dangers and risks involved in summer camps, swimming and climbing wall activities including: bodily injury to the eyes, nose, head, neck or back; sprains, fractures, breaks, or dislocations of the joints or limbs; lacerations, concussions, skin disease, or death. Some other risks include, but are not limited to:
 - a) Being hit or struck by sports equipment (bat, ball, stick, club, racquet, puck, helmet).
 - b) Being hit, struck, physically challenged or collision with other camp, climber or clinic participants.
 - c) Collision with camp facilities (floor, goal, backboard, ground, pool, climbing wall, diving board, rink, ice, mat).
 - d) Immersion in water (drowning).

5. I understand that Hamilton College *does not* provide any *accident or medical insurance* for my child. I understand that I am required to provide accident/medical insurance for my child and do so under the policy listed below. I agree that I am financially responsible for any and all medical expenses associated with my child's participation in this program.

(NOTE: Your child *will not be allowed to participate* in our camps unless your medical insurance provider and policy number is provided below.)

Medical Insurance Provider: _____ Policy No. _____

6. I agree that my child must turn in his/her car keys, if applicable, to the camp staff at check-in if driving himself/herself to camp.
7. I agree, on behalf of myself, my child, and our assigns, executors, and heirs, to indemnify, and hold harmless, Hamilton College, and its trustees, officers, agents and employees from any and all liability, damage and claims of any nature arising out of or in any way related to my child's participation in this program except those things caused by the sole negligence of Hamilton College.
8. I understand that my child, if issued a room key, is responsible for keeping his/her room locked when leaving it. Furthermore, I agree that Hamilton College is not responsible for personal belongings lost or stolen as a result of my child not locking his/her residence hall room.
9. I understand that the terms of this agreement are legally binding and certify that I have signed this agreement on my own free will after carefully reading and fully understanding it.

Parent or Guardian (please print)

Witness (please print)

Signature of Parent or Guardian

Signature of Witness

In witness whereof, this instrument is duly executed _____
Date

Campers will not be allowed to participate unless this form is signed.



HAMILTON

Continental Squash Camp featuring Mike Way Adult/Coach Weekend - July 18-20, 2008

Name of Applicant: _____ E-mail: _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Male _____ Female _____

Phone # (____) _____ Cell # (____) _____

I give the camp permission for myself to be photographed or videotaped. Please initial here: _____

Adult Weekend, July 18-20, 2008

Cost for Adult Weekend:

\$475 for participants choosing to stay on campus. (Includes instruction, on campus dining and residence hall accommodations.)

_____ I wish to stay on campus.

_____ I will need accommodations for the following nights: _____

\$375 for participants choosing to arrange their own accommodations. (Includes instruction and on campus dining.)

_____ I wish to make my own accommodations off campus and daily transport to the clinic. (Hotel options can be viewed at <http://my.hamilton.edu/admission/visiting/accommodations.html>)

_____ I will not need to arrange accommodations while at the clinic. (For those staying with friends or commuting.)

A deposit of \$250 is required to reserve a spot. Full payment is required by May 17, 2008.

Meals:

Continental breakfast will be provided as part of the cost for those staying on campus in the residence halls. Lunch will be provided for all participants. Dinner meals will be provided as part of the cost for those staying on campus. A clinic social will be arranged for the evening of July 19th -- cash bar.

If you plan on bringing a guest to the clinic, please fill out a separate application. All prices are per person.

Guest name: _____

Enclosed Is: _____ \$250 deposit -- Please make checks payable to: *Trustees of Hamilton College*

_____ Copy of Insurance Card

_____ Waiver and Release of Liability (See back of this sheet.)

For an additional \$20 processing fee, we can charge camp fees to your credit card.

(Circle One) MC VISA Amex. Card

Account Number: _____ Expiration Date: _____

Complete and return this application form along with deposit to:

Continental Squash Camp featuring Mike Way
Attention: Jamie King, Camp Director
198 College Hill Road
Clinton, New York 13323

Hamilton College Waiver and Release of Liability For Continental Squash Adult/Coach Weekend Clinic

I acknowledge that the Continental Squash Adult/Coach Clinic contains inherent risks, including, but not limited to property damage, personal injury or death.

As such, I, _____ participate in this activity and any related activities, as sponsored by Continental Squash Adult/Coach Clinic, conducted at Hamilton College, at my own risk. I agree to hold Hamilton College, its employees and agents, harmless for injury, death or damage to property that occurs while I am participating in this activity.

I understand that the Continental Squash Adult/Coach Clinic, conducted at Hamilton College, will be physically demanding. I recognize the inherent risk of injury, disability or death while participating in this activity. I understand that I assume the risk of any and all physical injury to myself that could result. I verify that I have had a physical recently and may participate in all the activities of the Continental Squash Adult/Coach Clinic for this use. I verify that I have no physical impairments/disabilities that make me prone to injury.

I acknowledge and understand that I am responsible for any and all bills for first aid, medical and emergency services that result from any injury sustained while participating in the Continental Squash Adult/Coach Clinic.

I give my permission to be treated by emergency response personnel.

Signature

Date

Emergency Contact – Name and Phone Number

Medical Insurance Provider: _____ Policy No.: _____